

VETERANS TRANSPORTATION SERVICES

1. REASON FOR ISSUE: This policy provides administrative procedure for the Department of Veterans Affairs, Veteran Health Administration (VHA) Veterans Transportation Service (VTS), to include VTS transportation provided by volunteers. At many VHA medical facilities, VA directly provides transportation which is not funded by VTS. Despite this, all transportation provided pursuant to 38 U.S.C. 111A is VTS transportation and governed by this Directive. This policy does not affect other patient transportation provided by VA paid staff or volunteers which is specifically addressed in VHA Handbook 1620.02 (Volunteer Transportation Network) or other VHA policies.

2. SUMMARY OF CONTENT: This VHA directive:

a. Addresses issues specific to VHA's direct transportation of Veterans and other persons for the purposes of examination, treatment, care, rehabilitation, and counseling.

b. Specifies persons who are eligible to receive VTS, including enrolled and non-enrolled Veterans; Servicemembers; prospective and approved Family Caregivers; attendants; persons receiving counseling, training, or mental health services; beneficiaries of the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA); Inhouse Treatment Initiative (CITI) Beneficiaries and guests.

c. Addresses limitations on eligibility, such as passenger behavior which has jeopardized or could jeopardize the health or safety of others or could interfere with the safe transportation of persons; further limits eligibility so that only one person may accompany a Veteran or Servicemember unless a VHA clinician determines that more than one person should attend the visit; and provides some restrictions for persons under the age of 18.

d. Identifies and describes the types of transportation authorized under VTS, including door-to-door service, travel to and from designated locations, service between VA facilities, and travel to and from other locations.

e. Explains the process for arranging transportation services and how services are prioritized if demand for VTS services exceeds supply.

f. Identifies the roles and responsibilities of the VTS Mobility Manager for as the Point of Contact (POC) for the Highly Rural Transportation Program, other community providers of transportation, and state Veterans agencies and departments of Transportation.

3. RELATED ISSUES: VHA Handbook 1601B.05, VHA Handbook 1620.02.

4. RESPONSIBLE OFFICE: The Deputy Under Secretary for Health for Operations and Management (10N), is responsible for the content of this directive. Questions may be addressed to the Veterans Transportation Program at 404-828-5601.

5. RESCISSIONS: VHA Directive 2008-020, Patient Transportation, dated April 16, 2008, is rescinded.

6. RECERTIFICATION: This VHA directive is scheduled for recertification on or before the last working day of September 2024. This directive will continue to serve as national VHA policy until it is recertified or rescinded.

**BY DIRECTION OF THE OFFICE OF THE
UNDER SECRETARY FOR HEALTH:**

/s/ Renee Oshinski
Deputy Under Secretary for Health
for Operations and Management

NOTE: *All references herein to VA and VHA documents incorporate by reference subsequent VA and VHA documents on the same or similar subject matter.*

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VETERANS TRANSPORTATION SERVICES

CONTENTS

1. PURPOSE..... 1

2. BACKGROUND..... 1

3. POLICY 2

4. RESPONSIBILITIES..... 2

5. ELIGIBILITY 14

6. TYPES OF TRANSPORTATION AUTHORIZED THROUGH VTS 17

7. EMERGENCY DEPLOYMENT OF VTS VEHICLES 18

8. TRAINING 18

9. RECORDS MANAGEMENT 18

10. REFERENCES..... 18

APPENDIX A

OPERATIONS.....A-1

APPENDIX B

TRANSPORTING PATIENTS WITH SPECIAL NEEDS.....B-1

APPENDIX C

SUPPORTED PROGRAMS C-1

APPENDIX D

AMBULANCE SERVICE POLICY D-1

APPENDIX E

COMMUNITY PARTNERS.....E-1

APPENDIX F

FUNDING F-1

APPENDIX G

VEHICLES G-1

APPENDIX H

MARKETING/ADVERTISING..... H-1

APPENDIX I

DRIVERS TRAINING I-1

APPENDIX J

REPORTING..... J-1

VETERANS TRANSPORTATION SERVICES

1. PURPOSE

a. This Veterans Health Administration (VHA) Directive provides policy for the Veterans Transportation Service (VTS) and all patient transportation both shuttle and door to door and covers those transportation services provided to eligible persons pursuant to Section 111A of Title 38 of the United States Code (U.S.C.). Specifically, this policy states which persons are eligible, how they may apply for transportation benefits, and how VA would provide transportation, including such limitations as are necessary for the safe and effective operation of the program. **AUTHORITY:** 38 U.S.C. 111A, 38 Code of Federal Regulations (CFR) 70.2, 70.30 and 70.70-73. **NOTE:** *This directive states VHA policy for all patient transportation provided pursuant to the authorities cited above regardless of whether the program is funded by VTS. This directive does not apply to transportation that is provided incidentally to patient care. This directive does not apply to transportation provided by volunteers as part of the Volunteer Transportation Network which is specifically addressed in VHA Handbook 1620.02, Volunteer Transportation Network, dated September 9, 2014.*

b. This Directive also identifies the role and responsibilities of the VTS Mobility Manager for management of the Beneficiary Travel Program and to serve as the point of contact (POC) for the Highly Rural Transportation Program and for other community providers of transportation and state Veterans agencies and departments of Transportation as contained in the nationally classified VTS Mobility Manager Position Description (Supervisory Mobility Transportation Specialist).

2. BACKGROUND

a. VTS is a program through which the Department of Veterans Affairs (VA) directly transports Veterans and other persons to or from VA or VA-authorized facilities and other places for the purposes of examination, treatment, or care.

b. VTS is a part of the Veterans Transportation Program (VTP), which also includes the Beneficiary Travel (BT) program and the Highly Rural Transportation Grant Program (HRTG).

c. Eligibility for VTS is broader than eligibility for the BT program, as outlined in paragraph 5 of this directive.

d. VA directly provides transportation under VTS with vehicles owned or leased by VA. VTS is different from the Voluntary Transportation Network as well as transportation services provided by volunteer or community transportation providers such as Veterans Service Organizations (VSO).

e. At many VHA medical facilities, VA directly provides transportation which is not funded by VTS. Despite this, all transportation provided pursuant to 38 U.S.C. 111A is governed by this directive.

3. POLICY

It is VHA policy that eligible individuals are provided transportation which is appropriate for their condition and clinical needs, consistent with the availability of authorized resources.

4. RESPONSIBILITIES

a. **Deputy Under Secretary for Health for Operations and Management.** The Deputy Under Secretary for Health for Operations and Management is responsible for:

(1) Ensuring that all VA medical facilities develop and implement safe VHA patient transportation management programs.

(2) Issuing guidance related to VHA patient transportation program development and implementation in accordance with this directive.

(3) Managing and overseeing VHA patient transportation data reported by VA medical facility Directors or their designees, including but not limited to such information as an inventory of the number and types of vehicles used in providing the service, the number of eligible individuals served, and other matters discussed in paragraph 4.f.(2) below. This data must be analyzed by the Deputy Under Secretary for Health for Operations and Management at least annually for the purposes of establishing baseline performance levels and, subsequently, how individual facilities can improve the quality of their Veterans transportation services.

b. **Chief Consultant, Occupational Health, Patient Care Services.** The Occupational Health Program Director is responsible for ensuring that clearance protocols and procedures for drivers developed by VHA address the important medical aspects of clearance.

c. **Director, Center for Engineering and Occupational Safety and Health.** The Center for Engineering and Occupational Safety and Health (CEOSH) Director is responsible for promoting best practices, managing database operations and providing vehicle safety alerts.

d. **Veterans Transportation Program Director.** The Veterans Transportation Program Director is responsible for program management, program requirements, compliance and program administration, including the following:

(1) Ensuring safe transportation program requirements are developed, published, and implemented at VA medical facilities. Medical facility local guidance is to be reviewed and approved by the Veterans Integrated Service Network (VISN) Director or designee.

(2) Providing quarterly reports of all vehicle accidents involving patient transports, including VTS, VTN and non-VTS facility staff patient transports, with documentation provided by the VA medical facility Director and VTS Mobility Manager.

(3) Establishing an annual program review using vehicle accident data and recommendations for injury prevention and safe patient transportation.

e. **Veterans Integrated Service Network Directors.** VISN Directors are responsible for ensuring that VA medical facilities are implementing and complying with all applicable statutory and regulatory requirements relating to VTS, and with the provisions of this directive.

f. **VA Medical Facility Director.** The VA medical facility Director, or designee, is responsible for oversight of the following.

(1) Conducting Board of Inquiry investigations for vehicle accidents, as required by VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated May 5, 2017.

(2) **Ensuring Compliance with VTS Funding Requirements.** VTS provides funding for all approved positions (VTS Mobility Manager, Transportation Coordinator and Drivers) as well as purchases patient transport vehicles for 3 full fiscal years. Thereafter, VTS will continue to permanently fund the VTS Mobility Manager position, if all of the following funding compliance requirements are met:

(a) Hiring a VTS Mobility Manager, Transportation Coordinator, and Drivers as permanent employees, using appropriate nationally classified position descriptions, or converting individuals in these positions from temporary to permanent employees. The VTS Mobility Manager will report to the Associate Director or Assistant Director due to the requirement to manage and ensure compliance with all patient transportation performed by VA salaried staff described by this directive and VTS regulations. Assigning this responsibility to anyone other than to the Associate Director or Assistant Director must be done through negotiation with the VTP Program Office. Any negotiated assignment of these duties will be monitored for performance measure achievement. If the site fails one or more key performance measures, a re-assignment will be required.

(b) All VTS-funded positions are prohibited from having collateral duties assigned which are not included in the nationally classified position descriptions.

(c) VTS-funded Drivers will report directly to the VTS Mobility Manager.

(d) Hire all VTS Funded positions in the Business Plan/Initial Year Operations Plan expeditiously, without delay and with on-boarding within 90 days of receipt of funding.

(e) Establish a VTP Board of Directors with the Associate Director as the Chair with regular, routine meetings. The Board of Directors will be chartered following the VTP Board of Directors Guidelines.

(f) Report Metrics accurately and timely on a monthly basis using the VetRide System, the VA proprietary electronic ride scheduling and reporting system, or other ride scheduling reporting system supplied by the VTP Program Office.

(g) Ensure that funds and vehicles provided for VTS will be used only for VTS purposes.

(h) Ensure that should the VA medical facilities withdraw from VTS participation, VTS purchased vehicles will revert back to VTS for re-distribution to other VTS sites.

(3) **Program Management.** Written local guidance, e.g. local procedures, SOPs, etc. must be developed which implement programs for: driver certification, medical evaluation, driver training, vehicle documentation and patient safety. The local guidance must include procedures for driver certification, vehicle recordkeeping, investigation of accidents and injuries, assessment of patients for escort, and other matters addressed in paragraph 4.a.3, and the data thereby generated must be reported at least annually to the Deputy Under Secretary for Health for Operations and Management. This local guidance may include provisions regarding safe driving records, inspections, training, and the like which are more stringent than those which are otherwise required by VA, Department of Transportation (DOT), General Services Administration (GSA), or State requirements, provided that the facility's provisions do not contradict VA policy and are not specifically prohibited by DOT, GSA, or State policies. (See, for example, paragraph 4.f.(4).) **NOTE:** *Local union representatives are to be encouraged to participate in policy development.*

(4) **Driver Verification.** All State drivers' licenses must be verified through the Department of Transportation (DOT), National Highway Traffic Safety Administration, National Driver Register, or an equivalent State program.

(a) The State driver's licenses and driving records must be reviewed for all new drivers. Driving records exhibiting an at-fault accident or moving violation must prompt a review of driver suitability for the transport of patients. Drivers may be limited or prohibited from transporting patients based on driving record or license status.

(b) Driver's licenses and driving records must be reviewed and verified annually. In the case of a VHA transportation accident the driving record must be reviewed at that time of the accident even if the annual review has already been completed.

(c) "In order to ensure employee, public and patient safety, VA Handbook 5019, Part IV, Appendix B requires that all those who drive a vehicle for VA be medically evaluated. The level of evaluation will be based on legal and regulatory requirements (i.e. Commercial Driver License requirements), the size of vehicle, number of passengers, length of time on the road and other applicable job factors. As required by EEOC medical conditions of the employee-driver will be evaluated on a case by case basis to determine, in the employee occupational health (EOH) provider's opinions, if the employee can safely perform the driving duties required of the job."

(5) **Vehicle Use, Inspection, and Equipment.** The VTS Mobility Manager and the Fleet Manager are jointly responsible for ensuring that vehicles are used, inspected, and equipped as follows:

(a) Personal (privately-owned) vehicles for the transport of patients are prohibited. NO EXCEPTION.

(b) An activated cell phone must be furnished by the VA medical facility.

(c) Operation of GSA vehicles must comply with GSA vehicle inspection, accident reporting, and driver verification requirements.

(d) Compliance with all state inspection requirements.

(e) Each driver must enforce the use of seat belts by all vehicle occupants.

(f) At no time will a patient be left unattended while in a vehicle. In the event that a transportee's behavior decompensates and threatens the safety of self or others, the safest place to contain him or her may be in the vehicle, with all other persons, both passengers and the driver vacating the vehicle while maintaining continuous observation while assistance is being summoned.

(g) Drivers must lock the vehicle when not in use.

(h) Drivers must not leave a vehicle running and unattended.

(i) Drivers are responsible for ensuring all equipment and cargo is secured prior to driving of vehicles. All patient support equipment, wheelchairs and supplies shall be fully secured to the vehicle body during transport (lock to body or tie downs).

(j) All government-owned, volunteer-driven vehicles, with the exception of vehicles used by the Volunteer Transportation Network, used for the transport of patients must contain emergency roadside and communication equipment.

1. Communication equipment must be isolated from the engine battery.

2. Cellular phones and two-way radios are acceptable communication equipment. Cell phones may not be used while the vehicle is in motion or stopped in traffic. Use of cell phones is authorized only when the vehicle is in "park position".

3. Fire extinguishers must be inspected and maintained in accordance with National Fire Protection Association (NFPA) Standard 10 and secured to the vehicle body.

(k) Wheelchairs must face forward during transit, when feasible. Wheelchair occupant restraint systems must be integrated by the manufacturer or approved by the manufacturer for use. The use of vehicles with wheelchair lift systems or vehicle retrofit must comply with the DOT regulation 49 CFR 571.404, Platform Lift Installations in Motor Vehicles.

(l) Personal protective equipment, spill kits, and training in their appropriate use must be provided to drivers to ensure they are adequately prepared to address biological fluids.

(m) The transfer of clinical specimens with patient passengers must comply with DOT and OSHA regulations. Appropriate training must be provided to drivers and all parties handling specimens and documented with refresher courses provided at the specified OSHA intervals.

1. Clinical staff giving specimens to drivers transporting patients must ensure compliance with the specimen identification, packing and labeling requirements of the OSHA regulation 29 CFR 1910.1030, Bloodborne Pathogens and the Material of Trade (MOT) and the DOT regulation at section 173.134 of 49 CFR.

2. All specimen packages must be packed in a container secured to the vehicle body to prevent movement during driving.

(n) Consistent with DOT guidance: beginning October 1, 2003 (FY 2004), VHA will no longer purchase or accept donations of 15-Passenger Vans at VHA medical facilities nationwide. However, use of 15 passenger vans already in inventory (or in the GSA fleet) may continue in use.

(o) The following safety measures must be taken to reduce the risk for 15-passenger vans currently in use:

1. These 15-passenger vans are limited to carrying 9 occupants, including the driver (i.e., a maximum of 8 passengers).

2. These vans shall be operated by experienced, trained drivers that have completed a van driver's course specially designed and/or approved by the National Safety Council. An example of such a course is the specially designed National Safety Council Van Driver II course. Course information can be obtained by dialing 1-800-621-7619.

3. Insist and ensure all occupants wear seat belts at all times.

4. Passengers and cargo should be loaded as far forward in the vehicle as possible to increase stability and avoid rollovers. Do not place passengers or cargo in the seat or space behind the rear axle.

5. Do not store cargo or luggage on the top of the vehicle.

6. Check tire pressure and treadwear monthly to ensure that the tires are properly inflated and the tread is not worn down.

(6) **Accident and Injury Reporting.** Accidents and injuries must be reported as follows:

(a) All patient transportation vehicle accidents and injury data are to be reported to the facility Accident Review Board and Patient Safety Manager using VA Form 2162, Report of Accident.

(b) Any employee or volunteer injuries must be reported as required by VHA Directive 2011-020 Automated Safety Incident Surveillance and Tracking System (ASISTS), dated April 19, 2011.

(c) The VA medical facility Director, or designee, must notify the VISN Director, Union representative, and OSHA regional office upon verification of vehicle related fatality or hospitalization of three or more employees.

(d) Patient injury reporting and investigation must conform to VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.

(e) All motor vehicle accidents must be documented on GSA Standard Form 91, Vehicle Accident Report.

(f) All patient transportation vehicle accidents for the fiscal year must be entered by the VTS Mobility Manager or Transportation Program Manager, or designee, into the GSA Drive Thru System. The GSA Drive Thru is available at the CEOSH website at <https://drivethru.gsa.gov/fmdtsys/dthome>. **NOTE:** *This is an internal VA web site that is not available to the public.*

(7) **Patient Safety.** Patient safety must be provided as follows:

(a) Local facility guidance requiring patient seat belt use, patient lifts, and security of patient care equipment must be implemented. The Safe Patient Handling and Mobility Facility Coordinator must be consulted in any discussion and all local guidance development regarding patient lifting, handling or physical assistance.

(b) Procedures identifying the Medical Officer, Registered Nurse, or designee as responsible for patient assessment, health care requirements, and determination of escort level required for safe transportation, must be developed and implemented.

(c) Clinical staff responsible for the management of patients' condition and behavior must be available during transit.

(d) Investigation and reporting of patient adverse events or close calls must conform to VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook.

(e) Consideration must be given to potentially aggressive patients, as to vehicle type and seating configuration. Potentially aggressive patients are not to be seated behind the driver; a specialized contract or VA-retrofitted vehicles may be required.

(8) **Emergency Planning.** Emergency patient transportation plans must be published and include procedures for patient assessment (physical and mental

limitations), resources available, transportation assets, and the location of the alternative care sites.

(a) Evacuation of patients' needs to be coordinated with available Federal, State, and local transportation resources.

(b) Available facility-based vehicles and drivers to provide patient transportation must be identified.

(c) Patients suitable for vehicle transportation must be assessed with clinical staff guidance.

g. **Occupational Health.** Occupational health care providers are responsible for:

(1) Completing medical examinations on all employees identified as drivers who transport patients including both employee drivers and volunteer drivers.

(2) Documenting all examinations, medical opinions, and correspondence with the employee's supervisor and Human Resource Management Service into the Employee Medical File.

(3) Notifying the employee's supervisor and Human Resource Management Service of the medical opinion, regarding whether the employee is medically qualified to transport patients.

(4) Notifying the employee of any abnormal test results which require follow-up evaluation either in Occupational Health or by the employee's health care provider.

h. **Supervisors.** Supervisors are responsible for:

(1) Identifying employees who may transport patients and informing these employees of the requirements of this directive.

(2) Maintaining a record for each employee involved in the transportation program. This includes copies of all documents, such as: safe driving record, a valid driver's license, and medical clearance by occupational health. **NOTE: Alternatively, these records may be maintained by the facility Office of Human Resources Management Service (HRMS), as determined by facility guidance.**

(3) Ensuring accidents and any injuries are reported to the facility Patient Safety Manager and Safety Manager and in accordance with facility guidance.

(4) Ensuring vehicle accidents are documented using Standard Form (SF) 91, and VA Form 2162, Report of Accident, or successor forms.

i. **Employee and Volunteer VTS Drivers.** Employee and volunteer VTS drivers are responsible for:

(1) Following safe, defensive driving practices and complying with applicable State and Federal highway regulations and this VHA directive.

(2) Initiating contact with the receiving VA facility when the transportation schedule has been altered en route.

(3) Reporting any changes related to driving record, and State registration to their supervisor or volunteer coordinator.

(4) Reporting any significant events while driving patients to their supervisor, volunteer coordinator, or the Nurse or Patient Safety Officer, if patient safety is involved (i.e., traffic accidents or medical problems).

(5) Completing all assigned training and medical examinations. See Appendix I for related training.

j. **VA Fire Department Transportation of Patients.**

(1) VA Fire Departments which are currently transporting patients may continue, so long as all requirements of this directive are met;

(2) If there is a VTS Program at the VA facility where a VA Fire Department exists which provides patient transportation, there must be a service level agreement (SLA) between the organizations to assure coordination and compliance with all provisions of this directive. The VTS Mobility Manager must maintain documentation of compliance by the VA Fire Department with this directive for all patient transport activity.

(3) If there is not a VTS Program at the VA facility where a VA Fire Department exists and provides patient transportation, the Fire Chief will be responsible for providing documentation to the Veterans Transportation Program Office on an annual basis and as required of verification/validation of compliance with all requirements and reporting metrics of this directive.

k. **Determining Priority for Transportation.** When the VTS Mobility Manager or other designee specified by the VA medical facility Director determines there are insufficient resources to transport all persons requesting transportation services, they will assist any person denied VTS in identifying and accessing other transportation options. VTS resources will be allocated using the following criteria, which are to be assessed in the context of the totality of the circumstances, so that no one factor is determinative:

(1) The eligible person's basis for eligibility. Enrolled Veterans will receive first priority, followed in order by non-enrolled Veterans; servicemembers; family caregivers; persons receiving counseling, training, or mental health services under 38 U.S.C. 1782 and 38 CFR 71.50; CITI beneficiaries; and guests. Persons eligible under more than one designation will be considered in the highest priority category for which that trip permits.

(2) First in time request.

(3) An eligible person's clinical need.

(4) An eligible person's inability to transport themselves (e.g., visual impairment, immobility, etc.).

(5) An eligible person's eligibility for other transportation services or benefits.

(6) The availability of other transportation services (e.g., common carriers, Veterans' service organizations, etc.).

(7) The VA medical facility's ability to maximize the use of available resources.

I. **VTP Board of Directors.**

(1) The Local VTP Board of Directors serves as a local guidance body for the VTP Program at the VA medical facilities and promotes the integration of VTP, BT and HRTG. The Board informs VA medical facilities Executive Leadership of Program Status, Business Plan, accomplishments, best practices, and issues. It also serves as a vehicle to ensure and facilitate collaboration and coordination between VTS and other VA medical facilities services: Fleet Management; Business Office (Medical Administrative Service/Health Administrative Service); Fiscal; Voluntary Services/VTN; Social Work Service; Nursing Service; and other transportation stakeholders. Ensures the Program moves forward in hiring staff, obligating funds, transporting Veterans and reporting metrics. Serves as a Coordinating Body for the VA medical facilities to work with VSOs and community and state transportation agencies/providers on collaborative initiatives.

(2) The VTP Board will be chaired by the VTP Executive Sponsor: either the VA medical facility Director, Associate Director, or Assistant Director. This membership includes:

(a) Chief Fiscal Officer or designee;

(b) Chief of Business Office/MAS/HAS;

(c) Chief of Social Work Service;

(d) Chief of Mental Health

(e) Chief of Voluntary Service;

(f) Chief of Engineering/FMS or Fleet Manager;

(g) Chief of Human Resources Management Service or designee;

(h) Chief of Nursing or Designee;

- (i) Chief of Staff or Designee;
 - (j) Patient Safety Manager;
 - (k) Chief of Quality Management;
 - (l) Compliance Officer; and/or
 - (m) VISN VTP representative if one is assigned this duty.
- (3) The responsibilities of the VTP Board of Directors include but are not limited to:
- (a) Ensuring the development of local guidance regarding all patient transportation activity to include: VTS, BT Special Mode Transportation, HRTG, Office of Rural Health Transportation grants, local shuttles, and other transportation resources.
 - (b) Completion of a thorough VTS Needs, Resources, and Stakeholders Assessment.
 - (c) Completion of a 3-year Business Plan, with achievable goals and strategies which will assure significant cost avoidance/savings and lead to a self-sufficient VTS Program at the conclusion of 3 years, with specific detailed plans for addressing Special Mode Transports.
 - (d) Oversight and facilitation of expeditious hiring of necessary positions.
 - (e) Oversight and facilitation of appropriate fund control point obligations.
 - (f) Serving as the clearing house for collaborative agreements and contracts for transportation of Veterans.
 - (g) Present VTS Program operational status, benchmarks and Best Practices/Accomplishments to the VA medical facility Director and VISN Leadership.
 - (h) Ensuring that the VTS is included in the VA medical facility's strategic planning process.
 - (i) Providing oversight and direction in regard to Office of Inspector General (OIG); Government Accountability Office (GAO), and Improper Payments Elimination and Recovery Act (IPERA) audits and corrective action activities for the Veterans Transportation Program, including BT mileage and Special Mode; VTS, and HRTG.
 - (j) Providing coordination and oversight of activities with grant recipients participating in the Highly Rural Transportation Grant (HRTG) program at the local level.
 - (k) Developing local SOP's governing the utilization of Dual Use Vehicles provided by the VA Office of Emergency Management, subject to the provisions of VHA Directive 0320.07, Dual Use Vehicle (DUV) Program, dated June 18, 2018.

m. **VTS Mobility Manager.** The VTS Mobility Manager is responsible for:

NOTE: *In addition to the responsibilities listed below the VTS mobility manager is responsible for meeting the requirements of the nationally standardized VTS Mobility Manager Position Description- Supervisory Mobility Transportation Specialist, GS-2101-11.*

(1) Ensuring that all drivers transporting patients receive initial basic safe driver training and annual refresher to include defensive driving techniques, use of safety belts, VA medical facility guidance, patient safety and emergency response procedures. See Appendix I.

(2) Ensuring that all VA drivers receive training on basic first aid, cardiopulmonary resuscitation (CPR), bloodborne pathogens, and the use of personal protective equipment. Training for volunteer drivers must comply with Appendix B of VHA Handbook 1620.02, Volunteer Transportation Network (VTN), dated September 9, 2014.

(3) Ensuring that drivers are trained in methods for securing patients including use of wheelchair lifts, restraint systems and other assistive devices during transportation. Driver training may only address the specific equipment of the assigned vehicle. As an example, only drivers assigned to vehicles with wheel chair lifts are required to complete lift operation training.

(4) Ensuring that drivers transporting DOT Division 6.2 substances with patients are informed of the presence of the hazardous material (including whether the package contains a reportable quantity) and are informed of the requirements of 49 CFR 173.6.

(5) Ensuring that drivers and patient escort staff receive training to address specific patient condition and response actions.

(6) Coordinating the use of vehicles with the Fleet Manager.

(7) Communicating with the Facility Records Manager or Alternate to determine the specific records management and maintenance requirements at that facility for VTS. (See VHA Directive 6300, Records Management, dated October 22, 2018.

(8) Attending and successfully completing the mandatory Mobility Management Academy in TMS or in person.

(9) Ensuring appropriate application of all VTS policy, including staff training, vehicle maintenance schedules, patient transport scheduling, reporting of metrics, participation in discharge planning, coordination with clinical service chiefs to facilitate a reduction in missed appointments and resolve passenger complaints.

(10) Supervising the VTS staff, including the Transportation Coordinator(s) and drivers.

(11) Serving as the POC at the VA medical facilities for the Highly Rural Transportation Grant Program, as well as coordinating with Veteran Service Organizations (VSOs); local transportation providers, state Veterans agencies and state Departments of Transportation.

(12) Coordinating with other VA medical facility VTS Mobility Managers to ensure Veterans are transported in the most appropriate and least costly manner.

(13) Ensuring Special Mode Transportation criteria are met prior to arrangement of a Special Mode Transport with a transportation vendor.

(14) Successfully completing all training related to metrics reporting and will demonstrate competence in the utilization of the VTS supplied VetRide technical solution or its successor.

n. **Transportation Coordinator/Dispatcher Duties.** Transportation Coordinators must successfully complete all training related to metrics reporting and will demonstrate competence in the utilization of the VTS supplied VetRide technical solution or its successor. See Appendix I.

o. **Drivers.** Drivers are responsible for:

(1) Driving one or more types of passenger vehicles, which can carry up to 8 or more passengers, on predetermined and/or scheduled routes or special runs, with additional routes to be covered as assigned. Arriving at and departing from pick-up and discharge points at scheduled times.

(2) Proceeding only to designated areas or hospital.

(3) Operating the doors to allow passengers to enter and leave the vehicle.

(4) Using VetRide Mobile Data Computers (tablets), navigation devices and/or road maps and judging road/traffic conditions to determine the shortest and safest route.

(5) Providing friendly, polite, and courteous service.

(6) Enforcing passenger seat belt use. As may be required, checking identification documents to ensure authorization of passengers.

(7) Demonstrating competence in the use of the on-board VetRide telematics system. Ensuring all appropriate patient safety policies are followed.

(8) Completing and maintaining all required licenses, certifications (Basic Life Support), training, and other related requirements for being a VTS driver.

(9) As needed, assisting Veterans/patients on and off the vehicle and assisting Veterans to the front door of their residence; however, drivers are prohibited from entering a passenger's residence and from assisting in loading the passenger into or out of a

wheelchair or stretcher. **NOTE:** *Drivers are prohibited from transporting any passenger while the passenger is seated in or on a motorized scooter. Passengers with scooters must only be transported in a regular passenger seat or in a wheelchair which can be safely strapped and locked down, and which provides for a seat belt for the passenger.*

5. ELIGIBILITY

Except as provided in paragraph j. of this section, VA medical facilities may provide VTS benefits to the following: **NOTE:** *Otherwise eligible Veterans with high risk for suicide flag are only eligible for transport if not actively suicidal or with the concurrence/approval of the treating mental health clinician or Chief of Mental Health.*

a. **Persons Eligible for Beneficiary Travel.** All persons eligible for beneficiary travel benefits in 38 CFR 70.10 are eligible for VTS benefits (however, persons cannot claim benefits under both programs for the same trip or portion of a trip).

b. **Enrolled Veterans.** Any Veteran enrolled in VHA for health care is eligible for transport under this directive in the following circumstances:

(1) Any scheduled visit or urgent care; to include patients discharged from inpatient medical and mental health units and outpatient surgery procedures involving moderate sedation.

(2) The retrieval of, adjustment of, or training concerning medications or prosthetic appliances. Judgement should be used to determine if the transport of a Veteran is only for the purpose of the pick-up of medications which are not life sustaining and for which mail delivery refill is available should be conducted—especially a door to door transport of a single patient.

(3) An unscheduled visit; or

(4) To participate and attend other events or functions, as clinically determined by VA, for the purposes of examination, treatment, or care. For example, to attend an involuntary commitment hearing when a VA inpatient's physical appearance is required by the court. (VA may clinically determine that a VA inpatient who has been placed on a "hold" consistent with state law requires continued involuntary inpatient treatment after the "hold" expires. During the period of the "hold," VA will petition the appropriate court of jurisdiction for an involuntary commitment order. While some hearings may be held at the bedside by video remote, VA may transport the patient to and from the judicial hearing venue, if the patient's physical appearance is required. In such cases, transport under this policy is permissible if an appropriately licensed VA mental health clinician certifies the patient is stabilized and not at risk of harm to self or others who are not at risk of elopement during transport or during the judicial proceedings and specifies the type of attendant needed to accompany the Veteran).

c. **Non-enrolled Veterans.** VA may provide VTS to Veterans not enrolled in VA's health care system who need transportation authorized under 38 CFR 70.72 for:

- (1) A compensation and pension examination;
- (2) An unscheduled or walk-in visit;
- (3) To apply for enrollment or health care benefits; or
- (4) To participate and attend other events or functions, as clinically determined by VA, for the purposes of examination, treatment, or care.
- (5) Veterans enrolled in the Veterans Justice Outreach Program may be transported to and from mandated court appearances as well as VA and community healthcare appointments arranged/authorized by the VA.

d. **Servicemembers.** VA may provide VTS to a member of the Armed Forces (including the National Guard or Reserve) traveling to a VA medical facility or VA-authorized treatment facility for VA hospital care or medical services, including examination, treatment or care, a compensation and pension examination, or to enroll or otherwise receive benefits for which they are eligible.

e. **Prospective Family Caregivers and Family Caregivers.**

(1) VA may provide VTS to a prospective Family Caregiver who has applied for designation as a Family Caregiver under 38 CFR 71.25(a) when the travel is for purposes of assessment and training under 38 CFR 71.25(c) and (d).

(2) VA may provide VTS to a Family Caregiver (who is approved and designated under 38 CFR 71.25) of Veteran or Servicemember described in paragraphs (b) through (d) of this section to:

(a) Accompany or travel independently from a Veteran or Servicemember for purposes of examination, treatment, or care of the Veteran or Servicemember; or

(b) Receive benefits under 38 CFR 71.40(b) or 71.40(c). For health care benefits provided under 38 CFR 71.40(c)(3), Primary Family Caregivers may travel using VTS for care only if it is provided at a VA facility through CITI.

f. **Attendants.** VA may provide VTS to an attendant of a Veteran or Servicemember described in paragraphs b. through d. of this section.

g. **CHAMPVA Beneficiaries.** VA may provide VTS to persons eligible for health care under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA) under 38 CFR 17.270 through 38 CFR 17.278, provided that such care is being provided at a VA facility through CITI.

h. **Guests.** For each Veteran described in paragraph b. or c. of this section or Servicemember described in paragraph d. of this section, a guest may travel with the Veteran or Servicemember provided resources are still available after providing services to individuals identified in paragraphs b. through h. of this section.

i. **Community Care Appointments.** Veterans and others may be transported to authorized Community Care appointments (non-VA appointments), subject to the limitations identified in paragraph K. below.

j. **Inter-facility Transfer.** Veterans eligible to receive an inter-facility transfer may receive such transfer through VTS. **NOTE:** *Interfacility transfers provided through VTS must meet the requirements of both VHA Directive 1094, Inter-facility transfer policy, dated January 11, 2017.*

k. **Limitations on Eligibility.** Notwithstanding an individual's eligibility under this section:

(1) A person may be ineligible for transportation services if VA determines the person's behavior has jeopardized or could jeopardize the health or safety of other eligible users of VTS or VA staff, or otherwise has interfered with or could interfere with the safe transportation of eligible persons to or from a VA facility or other place. Individuals with a disruptive behavior flag are not eligible for transport until and unless the Flag is removed.

(2) Only one person may travel with an eligible Veteran or Servicemember as a Family Caregiver, attendant, or guest, unless a VA clinician determines that more than one such person is needed or would otherwise be beneficial to the examination, treatment, or care of the eligible Veteran or Servicemember. Family Caregivers traveling for benefits under paragraph (e)(1) or (e)(2)(ii) of this section are not subject to this limitation.

(3) Incarcerated Veterans may not be transported by VTS. Once a Veteran is released on bail or has completed his sentence, he becomes eligible for VTS transport.

(4) Veterans discharged from VA or community inpatient units Against Medical Advice are not eligible for transport at the time of that discharge. This is consistent with regulations for Beneficiary Travel as covered under 38 CFR Part 70, Section 70.30(b)(7).

(5) Employees are not eligible for transport by VTS as a means of getting to and from their duty station, including parking lots. Individual VA medical facilities may operate shuttle services in particular instances, however these services are separate from VTS and not subject to this directive. Employees who are enrolled Veterans are eligible for transport to and from their VA and authorized Community Care (non-VA) appointments.

(6) Veterans enrolled in the Compensated Work Therapy Program are eligible to be transported to and from their employment at VA so long as they remain enrolled in the Compensated Work Therapy Program. Transportation to and from employment outside of VA will not be provided.

(7) Persons under the age of 18 may accompany another person using VTS with the consent of their parent or legal guardian and the medical facility director or designee. VA transportation of children is not available if State law requires the use of a child restraint, such as a child safety seat or booster seat. In making determinations under this provision, the medical facility director or designee will consider:

- (a) The special transportation needs of the child, if any;
- (b) The ability to transport the child safely using the available resources;
- (c) The availability of services at the facility to accommodate the needs of the child;
- (d) The appropriateness of transporting the child; and
- (e) Any other relevant factors.

I. **Persons Receiving Counseling, Training, or Mental Health Services.** VA may provide VTS to persons receiving counseling, training, or mental health services under [38 U.S.C. 1782](#) and [38 CFR 71.50](#).

6. TYPES OF TRANSPORTATION AUTHORIZED THROUGH VTS

The following types of transportation may be provided by VA medical facilities through VTS:

- a. **Door-to-door service.** VA facilities may use VTS to transport, on a scheduled or unscheduled basis, eligible persons between a VA or VA-authorized facility and their residence or a place where the person is staying. VA facilities may use VTS to transport eligible persons to and from a VA or VA-authorized facility and another location identified by the person when it is financially favorable to the government to do so.
- b. **Travel to and from designated locations.** VA facilities may use VTS to provide transportation between a VA or VA-authorized facility and a designated location in the community on a scheduled basis.
- c. **Service between VA facilities.** VA facilities may use VTS to provide scheduled or unscheduled transportation between VA or VA-authorized health care facilities. This includes travel from one building to another within a single VA campus.
- d. **Other locations.** VA facilities may use VTS to provide scheduled or unscheduled transportation to and/or from a VA or VA-authorized facility or other places when a VA clinician has determined that such transportation of the Veteran, Servicemember, their attendant(s), or CHAMPVA beneficiary receiving benefits through the CITI program would be needed to promote, preserve, or restore the health of the individual and is in accord with generally accepted standards of medical practice, as defined in [38 CFR 17.38\(b\)](#).

NOTE: *The use of alcohol, tobacco products and controlled substances in motor vehicles owned or leased by the Agency is prohibited.*

e. VTS does not have the legislative authority to transport to and from VA Regional Offices. However, VTS does have authority to transport to and from Compensation and Pension medical examinations arranged by the VA Regional Office.

f. VTS does NOT provide transportation to non-VA related activities or locations. Stops in route at the request of Veterans and other passengers to food establishments, grocery stores, etc. are not permitted. Drivers are not permitted to stop for refueling with passengers on board, unless necessary.

7. EMERGENCY DEPLOYMENT OF VTS VEHICLES

The local VTP Board of Directors with the collaboration of the local Emergency Program Manager will develop SOPs consistent with current Dual Use Vehicle (DUV) and Emergency Management Deployment policies. DUV deployment in the event of emergencies or disasters is not part of the VTS Program.

8. TRAINING

There are several formal training requirements associated with this directive. For a comprehensive list of required training, see Appendix I, Drivers Training.

9. RECORDS MANAGEMENT

All records regardless of format (e.g., paper, electronic, electronic systems) created by this directive shall be managed per the National Archives and Records Administration (NARA) approved records schedules found in VA Records Control Schedule 10-1. Questions regarding any aspect of records management should be addressed to the appropriate Records Manager or Records Liaison.

10. REFERENCES

- a. 38 U.S.C. 1782.
- b. 29 CFR 1910.1030.
- c. 38 CFR 17.38.
- d. 38 CFR 17.270 through 17.278
- e. 38 CFR 70.10.
- f. 38 CFR 70.30
- g. 38 CFR 70.72.

- h. 38 CFR 71.25.
- i. 38 CFR 71.40.
- j. 38 CFR 71.50.
- k. 49 CFR 173.6.
- l. 49 CFR 571.404.
- m. VA Directive 5019, Employee Occupational Health Service, dated March 27, 2015.
- n. VA Handbook 5019, Employee Occupation Health Service, Part IV, Other Programs, Examinations, and Vaccinations, Appendix B.
- o. VHA Directive 0320.07, Dual Use Vehicle (DUV) Program, dated June 18, 2018.
- p. VHA Directive 1073, Moderate Sedation by Non-Anesthesia Providers, dated December 30, 2014.
- q. VHA Directive 1094, Inter-Facility Transfer Policy, dated January 11, 2017.
- r. VHA Directive 6300, Records Management, dated October 22, 2018.
- s. VHA Directive 7701, Comprehensive Occupational Safety and Health Program, dated May 5, 2017.
- t. VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.
- u. VHA Handbook 1620.02, Volunteer Transportation Network (VTN), dated September 9, 2014.
- v. Human Resources Management Letter No. 05-15-05. Guidance for Criteria Regarding Motor Vehicle Operators and Employee Vaccinations Found in VA Handbook 5019, Employee Occupational Health Service; November 23, 2015.

OPERATIONS

The Transportation Coordinator/Dispatcher will ask the passenger or person scheduling the trip if there are any special needs of the passenger, including assistance in the home prior to the transport. If the answer is "yes", the Transportation Coordinator/Dispatcher should contact the Home-Based Primary Care Program or the Geriatrics and Extended Care Program to refer the Veteran for the assistance of a Home Health Aide in the home prior to the scheduled transport.

1. PATIENT SAFETY

Patient safety is a vital to the Department of Veterans Affairs and must be provided as follows:

- a. Local guidance requiring patient seat belt use, patient lifts, and security of patient care equipment must be implemented.
- b. Procedures identifying the Medical Officer, Registered Nurse, or designee as responsible for patient assessment, healthcare requirements, and determination of escort level required for safe transportation, must be developed and implemented.
- c. Clinical staff responsible for the management of patient condition and behavior must be available during transit.
- d. Investigation and reporting of patient adverse events or close calls must conform to VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook, dated March 4, 2011.
- e. Consideration must be given to potentially aggressive patients, as to vehicle type and seating configuration. Potentially aggressive patients are not to be seated behind the driver; a specialized contract or VA-retrofitted vehicles may be required.

2. BENEFICIARY TRAVEL (BT)

The Beneficiary Travel program provides eligible Veterans and other beneficiaries mileage reimbursement, common carrier (plane, train, bus, taxi, light rail etc.), or when medically indicated, "special mode" (ambulance, wheelchair van) transport for travel to and from VA health care, or VA Community Care (Choice) for which the Veteran is eligible. The VTS Mobility Manager is the responsible manager of all Beneficiary Travel Programs at the VA medical facility and must assure that all VA patient transportation programs coordinate to assure that payments are made for BT eligible Veterans are made and the most appropriate and efficient means of patient transport is arranged.

References & Guides: [38 CFR 70](#); [38 USC 111](#); [VHA Handbook 1601B.05](#), [Beneficiary Travel](#), dated July 21, 2010; [1601B Procedure Guide](#), [Beneficiary Travel FAQ](#)

3. SPECIAL MODE TRANSPORTATION (SMT)

a. For Veterans to qualify for a specialized mode of transportation which includes ambulance, ambulate, air ambulance, wheelchair van, or other modes of transportation which are specifically designed to transport certain types of disabled individuals, they must meet the following criteria:

- (1) Have a medical condition as determined by a VA clinician to require an ambulance or specially equipped van; and
- (2) Meet the administrative requirements of eligibility for beneficiary travel, and
- (3) The travel must be pre-authorized.

b. The VTS Mobility Manager will assure that the above criteria are met prior to arrangement of a Special Mode Transport with a transportation vendor. VTS may perform a transport for BT ineligible Veterans who have a medical condition requiring a special mode of transportation. *References & Guides:* [38 CFR Part 70](#), [Title 38 USC 111](#), [VHA Handbook 1601B.05](#), [1601B Procedure Guide](#), [Beneficiary Travel FAQ](#).

4. COMMON CARRIER (CC)

The Clerk must determine if the mode of transport (e.g. bus, train, taxi, airplane, etc.) was required. Common carrier is deemed appropriate if:

- a. A privately-owned vehicle (POV) not readily accessible; or
- b. The use of common carrier is medically required.

NOTE: Full fare is paid if the mode is required (no deductible), or the incurred cost is paid up to the mileage amount authorized. Clerk should use the "Most Economical" entry field to determine amount payable when use of common carrier is NOT required. *References & Guides:* [38 CFR Part 70](#), [Title 38 USC 111](#), [VHA Handbook 1601B.05](#), [1601B Procedure Guide](#), [Beneficiary Travel FAQ](#).

5. TRAVEL FOR INPATIENT INTER-FACILITY TRANSFERS

Transportation for the transfer of a patient from one VA medical facility to another is authorized at VA expense only in accordance with VHA Directive 1094, Inter-Facility Transfer Policy, dated January 11, 2017.

6. VTS PERFORMANCE OF INTER-FACILITY TRANSFERS

VTS is authorized to perform inter-facility transfers, in accordance with the requirements of VHA Directive 1094, dependent upon availability of appropriate vehicle and driver resources as determined by the VTS Mobility Manager. It is strongly advised that the VTS Mobility Manager be involved in the discharge planning and patient transfer processes at the local VA medical facilities to assure that the most appropriate

and cost-efficient method of transport is arranged. VTS has the capability to transport Veterans across state lines and to collaborate with other VTS programs to facilitate long-distance patient transfers.

7. UNIFORMS/PROMOTIONAL ITEMS

VTS funds CANNOT be used to purchase uniforms and/or any promotional items. If the site chooses to have uniforms, local medical facilities must approve and fund.

TRANSPORTING PATIENTS WITH SPECIAL NEEDS

The transportation of Veterans with special needs, such as wheel chairs, oxygen, or who have service animals will require careful evaluation for transport.

1. WHEEL CHAIRS

All wheel chair transportation will be provided by American Disability Act (ADA) compliant wheel chair compatible vehicles. All drivers will be trained and demonstrate competencies in: appropriate patient loading procedures; wheelchair lift operation and wheelchair tie down procedures. Patients requiring wheelchairs will be loaded via wheelchair lifts facing outward from the vehicle to prevent injury to the patient's feet.

2. SCOOTERS

a. The use of scooters will be evaluated when trips are being scheduled and again upon pick up. If a Veteran for some reason cannot transfer from scooter to vehicle seat, the Veteran will have to be transported in a conventional wheelchair. **NOTE:** *Under no circumstances will a Veteran be transported while seated on a scooter.*

b. The transport of an actual scooter will be determined by the capacity of the vehicle and driver to appropriately secure the scooter in the vehicle. If the scooter cannot be properly and safely secured in the vehicle, the scooter may not be put on the vehicle.

3. OXYGEN

The transportation of Veterans with oxygen will be referred to VHA Handbook 1050.01, VHA National Patient Safety Improvement Handbook and local station policies and guidance. Oxygen will be transported in and only in vehicles with VA approved oxygen tank holders to ensure safe and secure transport. In addition, all transports with oxygen requirements must be disclosed beforehand no later than the time of scheduling the transport.

4. SERVICE ANIMALS

The use of service animals will be permitted during patient travel pursuant to VHA Directive 1188(1), Animals on Veterans Health Administration (VHA) Property, dated August 26, 2015.

a. The following specific rules apply per VHA Directive 1188:

(1) Only service dogs are allowed on VTS vehicles.

(2) Service dogs must be under the control of a Veteran at all times, by leash preferably or by voice command as demonstrated by the Veteran.

(3) Staff cannot ask for documentation of the animal being a trained service dog—UNLESS the dog’s appearance or behavior cause the driver to suspect or believe the dog is NOT a service dog. Under this condition, the driver or other VTS staff are then permitted to ask:

(a) Is your dog a service animal required because of a disability? If the answer is NO—then the owner is asked to remove the animal from the vehicle.

(b) What work or tasks has your dog been trained to perform? Any reasonable answer should be accepted. If the answer is NONE—then the animal is not a service animal and should be removed from the vehicle.

b. VA medical facility VTP Boards of Directors may consider additional local guidance; however, it must be consistent and compliant with VHA Directive 1188.

5. HIGHLY INFECTIOUS DISEASE PATIENTS

a. The transport of Highly Infectious Disease patients will be determined by each facility VTP Board of Directors. Local guidance must be written that will advise all local staff on all processes, procedures, and also who is eligible to receive rides.

b. If Highly Infectious Disease patients are transported, the VA medical facility must supply the driver and any additional staff with proper Personal Protective Equipment and other equipment as necessary. Additionally, the vehicle must be decontaminated immediately after the transport and before being used to transport any other Veterans or others.

c. All VTS staff must complete Highly Infectious Disease training consistent and/or compliant with TMS Course Infectious Diseases (NFED 4500160) Learning Hours: 1:00. See Appendix I.

6. DISRUPTIVE BEHAVIOR PATIENTS

a. The transport of Disruptive Behavior patients will be determined by each facility VTP Board of Directors. Local guidance must be written that will advise all local staff on all processes, procedures, and also who is eligible to receive rides.

b. All VTS staff must complete Prevention and Management of Disruptive Behavior training annually. Reference VHA Directive 2010-053, Patient Record Flags, dated December 3, 2010.

7. MENTAL HEALTH PATIENT TRANSPORT

a. The transport of mental health patients will be determined by each facility VTS Board of Directors in collaboration with the Mental Health Service. Local guidance must be written that will advise all local staff on all processes, procedures, and also who is eligible to receive rides.

b. Veterans on the High Risk for Suicide List/Flag are not automatically excluded from transport. Rather, these Veterans may be transported if they are not at a present risk for harming themselves or others. Local guidance addressing clinical determination of risk and safety for transport are necessary.

8. MODERATE SEDATION PATIENT TRANSPORT

Transport of patients receiving moderate sedation will be governed first by VHA Directive 1073, Moderate Sedation by Non-Anesthesia Providers, dated December 31, 2014, as well as any local VTS or facility policies and guidance. All transport of any patient under moderate sedation will be pre-arranged with VTS and the clinic providing the treatment.

a. An individual assigned to care for sedated individual must be current with the training on Moderate Sedation appropriate for their position as well as have a passing score in TMS.

b. Moderate sedation is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. Reflex withdrawal from a painful stimulus is not considered a purposeful response. No interventions are required to maintain a patent airway, and spontaneous ventilation is adequate. Cardiovascular function is usually maintained.

c. The attending provider authorizes the transport.

d. The attending provider notifies the VTS Mobility Manager or Transportation Coordinator if an attendant is required and places this requirement in the patient's Electronic Health Record.

e. If an attendant is required, the VTS Mobility Manager coordinates with Nursing Service for an appropriate attendant to accompany the patient.

f. If an attendant is not required, but an escort is recommended, the VTS Mobility Manager will consult with Voluntary Service or Nursing Service to determine if an escort is available.

g. The VTS Mobility Manager or Transportation Coordinator verifies that a responsible adult will be present at the patient's destination to assist and monitor the patient for the required period of time once the patient arrives.

h. The VA medical facility VTP Board and VTS Mobility Manager must have an approved SOP regarding transport of patients post moderate sedation which is approved the Chief of Staff and Medical Staff Board. This SOP will include the above requirements, plus any additional requirements concerning drivers training for monitoring of patients in route.

9. SURGICAL PATIENT TRANSPORTS

a. Transportation of Veterans who have undergone surgical procedures will be determined by local guidance, i.e. procedural guidelines, SOP's, best practices, etc. established by the local facility-level VTP Board of Directors (BoD) in collaboration with the Chief of Staff.

b. Issues to consider when establishing guidance based on local need:

(1) Level of Sedation;

(2) Mobility Type;

(3) Health and Comfort Requirements;

(4) Risk Assessment;

(5) Need for Attendant; and/or

(6) Medical Care/Equipment needing during transport (IV, oxygen, ventilator, etc.).

SUPPORTED PROGRAMS

1. VOCATIONAL REHABILITATION

a. VTS can transport Veterans receiving health care related vocational rehabilitation services pursuant to Title 38 United States Code, Chapter 31, 3104 (a) (9).

b. VTS does not provide transportation for counseling or educational services pursuant to Chapters 34 and 35 of title 38, U.S.C., which authorize education benefits for eligible veterans and their survivors and dependents. Counseling and education benefits provided under Chapters 34 and 35 are administered by the Veterans Benefits Administration (VBA), and are not typically provided at VA health care facilities. Consequently, this directive is limited to health care access (meaning any hospital care or medical services under the medical benefits package in [38 CFR 17.38](#)), and does not include transportation for counseling or education benefits under chapters 34 and 35.

2. HOMELESS PROGRAM

a. VTS will transport homeless Veterans for access to health care and enrollment purposes.

b. VTS will transport enrolled homeless Veterans to and from health care appointments and appointments with VA related to participation in the Homeless Program which are directly related to obtaining housing or participation in the Compensated Work Therapy Program.

c. VTS will not transport Veterans to and from Department of Housing and Urban Development or local housing authority appointments.

d. Homeless Veterans enrolled in the Supportive Employment program are eligible for transport to and from health care appointments; however, they are not eligible to be transported to and from their places of employment.

3. SPINAL CORD INJURY PROGRAM

a. The VTS Program has developed a partnership with the VA National Program Director for Spinal Cord Injury and Disorder Program (SCID) and we anticipate initiating special Pilot VTS/SCID projects at three SCID Specialty Center locations in the future to address the unique needs of SCI Veterans, especially those living a significant distance from the centers.

b. All VTS Mobility Managers are strongly encouraged to collaborate with SCI Center Directors on opportunities for VTS to provide transportation to SCID Veterans who are not Beneficiary Travel Eligible and/or who live some significant distance from the SCI center to ensure these Veterans have access to necessary care at the SCI Center.

4. COMPENSATED WORK THERAPY PROGRAM

a. As stated previously in Section 5: Eligibility; paragraph (c), Veterans enrolled in the Compensated Work Therapy Program (CWT) are eligible to receive transportation to and from VA and Community Care appointments authorized by the VA and VA employment which is directly associated with their participation in the CWT Program.

b. Veterans who drop out of the CWT Program or who transition to the Supportive Employee Program lose their eligibility for transportation to and from employment only.

5. VETERANS JUSTICE OUTREACH PROGRAM

a. Veterans enrolled in the Veterans Justice Outreach Program (VJO) are eligible for transportation to and from VA and authorized Community Care appointments and to and from court appointments associated directly with their participation in the VJO Program.

b. Veterans not enrolled in the VJO Program and those Veterans who cease to participate in or which are terminated from the VJO Program are ONLY eligible for transportation to and from health care appointments if they are not incarcerated.

6. LICENSES

Each state has unique criteria for determining the type of license required to operate passenger vehicles of larger capacity. Generally, if the vehicle has an unaltered ambulatory capacity as configured by the factory of 16 passengers or more, a Commercial Driver's License with a passenger endorsement will be required.

7. ATTENDANTS/GUESTS

VTS will only fund/provide the transportation of attendants and guests who meet eligibility criteria; therefore, it is dependent upon the local VTP Board to develop qualifications, training requirements, and local guidance regarding the use of attendants and guests at each facility.

8. UNIFORMS

VTS funds cannot be used to purchase uniforms.

AMBULANCE SERVICE POLICY

a. The following is general guidance on the operation of stretcher (ambulette) and ambulance vehicles and is directed at the non-emergent transports and Advance Life Support ambulance transports. This guidance is just that and as such should be followed after a complete and thorough investigation and review of all applicable state statutes and regulations pertaining to these types of transports.

b. Following are the major areas of consideration that must be addressed in local medical facilities/Health Care System policy and/or guidance—preferably by the local VTP Board of Directors.

(1) **Driver Qualifications.** All VTS and paid staff station drivers operating a stretcher vehicle or ambulance must meet the minimum qualifications:

(a) Pass a medical/physical examination by an Occupational Health provider according to VA Handbook 5019 Part II, Appendix A.

(b) Must successfully pass a criminal background check and cannot be a registered sex offender.

(c) All drivers will complete all required training annually to include but not limited to BLS, Automated External Defibrillators (AEDs), use of safety belts, emergency response procedures, bloodborne pathogens, the use of personal protective equipment, securing patients including use of wheelchair lifts, restraint systems and other assistive devices during transportation, Haz-mat Awareness, ICS-700 and ICS-800 courses and annual drivers training—Particularly the Emergency Vehicle Operations Course as required for first responders. **NOTE:** *Attention should be given at the local VA medical facility level to determine the requirements of any state provided/mandated training.*

(2) **EMT Qualifications.**

All VA EMT staff participating in VA operated ambulance transports must be listed on the National Register for EMTs and Paramedics.

(3) **Paramedic Qualifications.**

All VA Paramedics must be Nationally Registered Paramedics.

(4) **Vehicle Utilization.** Stretcher and ambulance vehicles will be used in accordance to written VHA and VA medical facility guidance regarding:

(a) The type of patients which can be transported.

(b) Staffing of the particular type of vehicle and use.

(c) Pick-up and Delivery Hand-Off communications between EMS crews and medical facility clinical staff including the use of the Patient Care Report which will be placed in the Electronic Health Record.

(d) Education of Hospital staff (nursing and providers) on Patient Hand-Off procedures will be completed and documented annually or as needed per VA medical facility guidance.

(e) Appropriate documentation as required by VA medical facility guidance.

(5) **Ambulance Driver Operation.**

(a) Ambulance drivers are prohibited from driving more than **10 hours** in a 24-hour period. **NOTE:** *This is actual driving time behind the wheel.*

(b) Supervisors should take care to ensure that the safety of the patients and crews are always taken into consideration when assigning trips. Attention should be given to the other activities or events that the driver was involved in during their work shift prior to the transport.

(6) **Ambulance Driver Training.**

(a) All Ambulance drivers must successfully complete one of the following courses:

1. DOT EVOC-Ambulance;
2. VFIS Emergency Vehicle Driver Training Program; or
3. Department of Defense EVOC-Ambulance Course.

(b) All training must include both didactic and in-vehicle practical training which includes but is not limited to:

1. Overview of driver responsibility to safety;
2. Vehicle inspection and maintenance;
3. Route selection and pre-planning;
4. Review of pertinent Motor Vehicle Operational Status Defensive Driving Techniques;
5. Accident avoidance techniques;
6. Ambulance operations in the emergency mode;
7. Special situations;
8. Handling characteristics of ambulances;

9. Serpentine maneuver;

10. Backing with turns (offset driveway, perpendicular parking, etc.); and

11. Diminishing clearance (narrowing alleyway, preferably including backing into diminishing clearance).

(7) **Duty to Render Aid.**

(a) Duty to stop and render aide is determined by state regulations/laws and will be referenced and all staff operating ambulances must be trained and familiar with these requirements.

(b) Each VA medical facility operating an ambulance service must develop an SOP which is consistent with the state(s) regulations regarding duty to render aide and shall be posted in prominent locations accessible to all VA ambulance personnel as well as included in Service Meeting Training.

(8) **Compliance/Annual Inspections.**

(a) An annual program inspection must be conducted by facility emergency manager to insure all VA medical facility Operated Transport Services are in compliance with this Directive.

(b) Ambulance programs must develop a Written Quality Assurance Program for the purpose of reviewing Patient Care Report to ensure that proper patient care was provided and documented on patients, cared for by VA Ambulance personnel. Questionable to negligent finds will be reported to the Ambulance Program's Medical Director for action.

(9) **VA Medical Facility Director.**

(a) Each VA medical facility must appoint an appropriately qualified and licensed VA medical facility Director with certification in emergency medicine. **NOTE:** *This is normally the Medical Director of the Medical Facility's Emergency Department.*

(b) The VA Medical Director of the Emergency Department will establish all medical protocols and SOPs regarding ambulance operations and will directly supervise the duties of the Patient Care Providers while they are operating the ambulance and transporting/treating and delivering patients.

(10) **On-Line Medical Direction.**

VA medical facilities must develop a process (SOP) for on-line medical command, to allow for direct 24/7 consultation with a physician. This may be accomplished by utilizing emergency department physicians.

COMMUNITY PARTNERS

1. VOLUNTEERS

a. VA Voluntary Service (VAVS).

VAVS is one of several partners with VTS. Collaboration between the two programs is strongly encouraged at all levels. VTS and VAVS hold a regular quarterly conference call to share information and to develop joint problem-solving strategies.

b. Volunteer Transportation Network (VTN).

(1) VTN, commonly referred to as DAV, is a program administered by VAVS in conjunction with the Disabled American Veterans (DAV) Veterans Service Organization. For many years, the DAV has donated vehicles to VA medical facilities and has recruited volunteer drivers. In most locations, the DAV provides a VTN/DAV service coordinator to schedule the transports and volunteer driver's schedules.

(2) The VTN/DAV transportation program and its volunteer drivers are governed by VHA Handbook 1620.02, Volunteer Transportation Network (VTN), dated September 9, 2014, available at http://vaww.va.gov/vhapublications/ViewPublication.asp?pub_ID=3042. **NOTE:** This is an internal VA Web site that is not available to the public.

2. VETERAN SERVICE ORGANIZATIONS

Veteran Service Organizations (VSO's) have provided a valuable advocacy service for Veterans for many years. VSO's often provide direct services to Veteran members and non-members in regard to obtaining services and benefits from Veterans Benefits Administration (VBA), Veterans Health Administration (VHA) and the National Cemetery Administration (NCA). In some cases, VSO's provide transportation for Veterans. VTS Mobility Managers are strongly encouraged to develop good collaborative working relationships with the leadership of VSO's at medical facilities. The following link to identify all VA approved Veteran Service Organizations: <http://www.va.gov/vso/>.

3. COUNTY SERVICE ORGANIZATIONS/OFFICERS

a. County Veteran Service Organization Officers are tasked with assisting Veterans to obtain services from VHA as well as VBA. The Service Officers may in fact serve as an official representative of the Veteran in regard to applications for disability, educational benefits and other services from VBA.

b. County Veteran Service Organization Officers are extremely knowledgeable of both Veteran needs and resources in the counties in which they work. It is strongly recommended that VTS Mobility Managers develop a good collaborative working relationship with the County Service Officers.

FUNDING

1. FUNDING REQUESTS

The funding policy for VA medical facilities participating in VTS is dependent upon three primary factors:

- a. Compliance with VTS Regulations.
- b. Compliance with the VTS Initial Application and the unmodified VTS Funding Compliance Agreement signed by VA medical facility Leadership.
- c. Adequate performance pursuant to the approved VTS Business Plan for each V medical facility. The VTS Business Plan must be developed such that it will lead the site to self-sustainability in terms of: savings/cost avoidance in Beneficiary Travel; reduction in the Missed Opportunity Rate; Improved Access to Care; and improved inpatient discharge flow.

2. FUNDING PROCESS

Veterans Transportation Program Funding Commitment for VTS sites:

a. Upon receipt of a signed VTS Initial Application, VTS sites will receive the following for 3 fiscal years, which will begin with the first full year fiscal year of program funding:

(1) Funding for salaries for the VTS Mobility Manager, Transportation Coordinator, and Drivers (the number of drivers is dependent upon the plan submitted by the site and approved by the VTP Program Office).

(2) Purchase or Lease of vehicles commensurate with the number of driver positions funded.

(3) Training of VTS Mobility Managers to attend the Mobility Management Academy.

b. After the initial 3 fiscal years of funding, VTP will continue to fund the VTS Mobility Manager salary, dependent upon performance of the site and availability of funds. Evaluation of site performance will be determined using the monthly metrics reporting history of the site and demonstration of compliance with program participation requirements.

c. VTS sites are expected to assume the costs of operating the VTS program after the initial 3 full fiscal years of funding including: all salaries, vehicles, and other operational expenses-with the exception of the VTS Mobility Manager salary.

d. VTS sites which have hired a VTS Mobility Manager with the VHA nationally standardized position description, demonstrated consistent monthly reporting requirements and adhered to their business plan may apply for funding to expand

operational resources and scope (capacity). Decisions will be made based upon evaluation of the site's monthly metrics reporting history, accomplishment of goals and objectives contained in the site's VTS business plan, merits of the Plan for Expansion, and availability of funds.

3. ANNUAL PROGRAM PARTICIPATION REQUIREMENTS FOR FUNDING

a. Hire a VTS Mobility Manager, Transportation Coordinator and Drivers using appropriate nationally classified position descriptions as permanent employees or convert individuals in these positions from temporary to permanent employees. It is strongly recommended that the VTS Mobility Manager report is sent to the Associate Director or Assistant Director due to the requirement to manage and ensure compliance of all patient transportation performed by VA salaried staff with this directive and VTS Regulations. Alignment of the VTS Program other than to the Associate Director or Assistant Director must be negotiated with the VTP Program Office. Any negotiated alignment must be monitored for performance measure achievement and if the site fails one or more key performance measures, a re-alignment will be required.

b. VTS Mobility Managers will be provided an appropriate VA cell phone (iPhone or other secure substitute consistent with devices provided to other managers at the VA medical facility).

c. Ensure that all VTS funded positions utilize available nationally classified Position Descriptions and will NOT have collateral duties assigned which are not included in the nationally classified position descriptions.

d. Ensure that all VTS funded drivers report directly to the VTS Mobility Manager.

e. Hire all VTS Funded positions in the Business Plan/Initial Year Operations Plan expeditiously, without delay and with On-boarding within 90 days of receipt of funding.

f. Provide an approved/signed Org Chart of VTS alignment.

g. Establish a VTP Board of Directors with the Associate Director as the Chair with regular, routine meetings. The Board of Directors will be chartered following the VTP Board of Directors Guidelines.

h. Report metrics accurately and timely using the VetRide System as required or other ride scheduling/reporting system supplied by the VTP Program Office.

i. Provide an Initial or Updated Business Plan based upon a completed and approved Needs, Resources and Stakeholders Assessment which will accompany the Business Plan.

j. Agree that funds and vehicles provided for VTS will be used only for VTS purposes.

k. Agree that should the VA medical facility withdraw from VTS Participation, VTS purchased vehicles will revert back to VTS for re-distribution to other VTS sites

4. OBLIGATION MANAGEMENT

The VTP program office monitors the obligations of funds provided to sites for program implementation and sustainment. To assist the VTP program office in assuring the most efficient use specific purpose funds sites shall obligate funds monthly. Needs and excesses should be reported so that the VTP program office can assist as required and as budget allows. VTS funds are Specific Purpose funds and as such the funds and the vehicles leased or purchased with these funds can only be used for VTS operational purposes.

5. FUNDING TRANSFERS

A site's Regional Coordinator, the National Program Coordinator, and the VTP Budget Analyst must be notified of any needs or excesses and requests for transfer of funds. Once the VTP program office evaluates the request it will approve/deny and process as required.

6. OFFICE OF RURAL HEALTH

a. The VTS Program has a partnership with the Office of Rural Health (ORH) which was formalized in 2014 with a Memorandum of Understanding (MOU) between the two programs.

b. The MOU provides direction to the eligibility of certain VA medical facilities for joint funding of VTS Programs from VTS and ORH, based upon the degree of rurality of the Veteran population in the VA medical facilities catchment area. VA medical facilities with a rural Veteran population in their catchment area greater than 50 percent are eligible for joint funding of the VTS Program based upon the merits of their proposal/ VTS Business Plan as determined jointly by VTS and ORH.

c. The MOU also provides for on-going close collaboration between VTS and ORH, including VTS participation on ORH Proposal Review Teams, and a joint review and evaluation of all transportation related proposals coming to either VTS or ORH.

d. The MOU contains an agreement for VTS provision, maintenance and sharing of data/metrics from a transportation information management system with ORH.

7. HIGHLY RURAL TRANSPORTATION GRANT

a. The Highly Rural Transportation Grant (HRTG) program provides grants to eligible recipients (Veteran Service Organizations and State Veteran Service Agencies) to assist Veterans in highly rural areas through innovative transportation services to travel to and from Department of Veterans Affairs medical facilities, and to otherwise

assist in providing transportation services in connection with the provision of VA medical care (Authority: Pub. L. 111-163, 38 U.S.C. 501).

b. Grantees will be expected to leverage innovative transportation services to Veterans in highly rural areas and transport Veterans to VA medical facilities and will assist in providing transportation in connection with the provision of VA medical care to these Veterans, in accordance with paragraph(s) of the 2010 act.

c. Approximately \$3 million is available each year under Grants for Transportation of Veterans in Highly Rural Areas to be funded under this notice. The maximum allowable grant size is \$50,000 per highly rural area. A highly rural area is defined as a county having less than 7 persons per square mile.

d. Click on the link for a list of current grantees and the counties that the grantees provide transportation:

http://www.va.gov/HEALTHBENEFITS/vtp/highly_rural_transportation_grants.asp

e. VTS Mobility Managers are encouraged to reach out to HRTG grantees for collaboration and use the program as a resource for Veterans.

8. VETERANS TRANSPORTATION COMMUNITY LIVING INITIATIVE GRANTS

a. The Veterans Transportation and Community Living Initiative (VTCLI) is an innovative, Federal Transit Administration (FTA) funded grant program in partnership with local transportation authorities. The VTCLI is designed to provide U.S. Veterans, active service members, military families, and others to learn about and arrange for locally available transportation services that connect them with work, education, health care, and other vital services in their communities. Drawing on existing federal resources, and in consultation with advocates for Veterans and people with disabilities, projects are being funded in urban, suburban, and rural communities around the nation to strengthen and promote "one-call" information centers and other tools that conveniently "connect the dots" as never before. As a result, these deserving men, women and their families may quickly and conveniently turn to trusted sources that have been specially trained to help them access local transportation options and other support services, ranging from workforce training to food pantry locations.

b. The initiative is developed and supported by members of the federal Coordinating Council on Access and Mobility—a federal inter-agency council established in 2004 currently chaired by Secretary LaHood—and other stakeholders. Council member participants include the Departments of Transportation, Veterans Affairs, Labor, and Health and Human Services. The Department of Defense and over a dozen leading VSOs are also involved. The VTCLI grant program is managed and administered by the Federal Transit Administration.

c. VTS Mobility Managers are encouraged to reach out to VTCLI grantees for collaboration and the development of the VTCLI as a resource for Veterans and their families.

d. For VTCLI grantees, locations, contacts and award information go to the following website: <https://www.transit.dot.gov/funding/grant-programs/veterans-transportation/vtcli-%E2%80%93-grantee-resources>.

VEHICLES

1. REQUEST TO ORDER

Vehicle requests need to go through the assigned VTS Regional Coordinator. VTP will review all requests and approve/deny based on a number of factors and as budget allows.

2. WRAP REQUEST FORM

When requesting a VTS wrap for vehicles, contact your VTS Regional Coordinator or the VTP Program Office to request the current Wrap Request Document, take color pictures and associate the VIN numbers of each vehicle with the photos and send via email to your VTS Regional Coordinator.

3. MAINTENANCE/CLEANLINESS/SERVICE RECORDS

Refer to facility SOP & [GSA/Fleet Regulations](#).

4. ACCIDENT REPORTS

a. Any accident involving VTS vehicles, drivers or patients are required to be reported immediately to the VTP Program Office, through the VTS Regional Coordinator and the National Coordinator. Reporting should be initiated the same day as the accident occurred. Accident Reports must include:

- (1) Injuries;
- (2) Police Report;
- (3) Issue Brief;
- (4) Photos; and
- (5) Facility Accident Report Form.

b. VTP SharePoint includes a module to report accidents located under VTS Accident Reporting (Left Menu List), <https://vtpsp.hec.med.va.gov/Lists/VTS%20Accident%20Reporting>.

c. Refer to facility SOP, the General Services Administration [GSA/Fleet](#), Occupational Safety and Health Administration (OSHA), Department of Transportation (DOT) regulations. If a vehicle that is/was leased/purchased by the VTP program office is involved in an accident your VTS Regional Coordinator and National Program Coordinator must to be notified immediately.

d. Information to provide to VTS Regional Coordinator/National Program Coordinator: Issue Brief (if available), Police Report, Number of Veterans onboard,

Number of Injuries, and Photos of damage. If your station is utilizing the SharePoint Scheduling and Reporting System (SPSRS) please fill out the report template provided on that platform.

5. TITLE/TAGS/CREDIT CARDS

Refer to facility SOP & [GSA/Fleet Regulations](#).

6. STATIONING OF VEHICLES ON FEDERAL PROPERTY

Refer to facility SOP & GSA/Fleet Regulations.

7. VEHICLE INSPECTION

a. All vehicles must meet Federal, State, and local safety standards. If required by the state the vehicles shall also be inspected annually.

b. Vehicles will contain inspected, functional equipment per State Regulation: Fire Extinguishers, AEDs, Oxygen bottle racks, communication equipment. All medical equipment will be inspected and tested in accordance with VA medical facilities Biomedical equipment inspection requirements.

c. Drivers, EMT/Paramedic crew members are the first line of defense against equipment wear, failure, and damage. The operator must inspect the equipment before, during and after operation so defects or malfunctions can be detected before they result in serious damage, failure, or accident.

d. The VA medical facilities will be required to establish a written procedures for the proper cleaning of Ambulances in accordance with VA and State requirements, to include the frequency and degree of cleaning required.

e. Fire Extinguishers must be inspected and maintained in accordance with National Fire Protection Association (NFPA) Standard 10 and secured to the vehicle body.

MARKETING/ADVERTISING

1. BROCHURES

a. National Brochures to promote VTS have been designed for each site to distribute locally. Also, available on the VTS Share Point site is a brochure template so each site can add their local contact information before printing and distributing, <https://vtpsp.hec.med.va.gov/vts/VTS%20Shared%20Documents/Promotional%20Materials/VTS%20Brochure%20082515.pdf>.

b. Link to edit a Local Brochure:
<https://vtpsp.hec.med.va.gov/vts/VTS%20Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fvts%2FVTS%20Shared%20Documents%2FPromotional%20Materials&FolderCTID=0x01200029CD4AA19C2172499B355247813F5470&View={097698C6-24A5-4B0D-831C-40DA41EC4781}>

2. POSTERS

a. Employee Education Service designed posters to market VTS for each site. Posters were shipped from the printers to each participating location. Templates can be found on the VTS Share Point site, https://vtpsp.hec.med.va.gov/vts/VTS%20Shared%20Documents/Promotional%20Materials/VTS%20Poster_082515.pdf

b. Link to edit a Local Poster:
<https://vtpsp.hec.med.va.gov/vts/VTS%20Shared%20Documents/Forms/AllItems.aspx?RootFolder=%2Fvts%2FVTS%20Shared%20Documents%2FPromotional%20Materials&FolderCTID=0x01200029CD4AA19C2172499B355247813F5470&View={097698C6-24A5-4B0D-831C-40DA41EC4781}>

3. MAGNETS

The VTP Program Office has VTS magnets to be used on the vehicles in lieu of the VTS wrap design. Magnets can be placed on the doors of VTS vehicles. Contact a VTS Regional Coordinator to specify quantities needed and provide shipping information.

DRIVERS TRAINING

1. DRIVER TRAINING

a. All drivers, including paid staff drivers and volunteer drivers, are expected to have the appropriate licensure to operate VTS vehicles. Mandatory training requirements include Basic Life Support (BLS,) Instructor (VA 15576), Learning Hours: 8:00.

b. In addition, the following mandated training modules may be found in TMS and will be provided in hardcopy print format to drivers without TMS access.

(1) Prevention and Management of Disruptive Behavior-Level 1 (VA 16699), Learning Hours: 0.75.

(2) Defensive Driving Fundamentals (NFED 3854564).

(3) Customer Service Fundamentals: Building Rapport in Customer Relationships (NFED 1310158) Learning Hours: 1:00.

(4) Mini-Fleet Course (VA 6110) Learning Hours: 1:00.

(5) (PPE) Personal Protective Equipment (NFED 1278249) Learning Hours: 1:00.

(6) VHA Driver Safety Accessible Version (VA 7350) Learning Hours: 8:00.

(7) Safe Patient Handling (to include appropriate handling of wheelchair lifts and locking down of wheelchairs in vehicles) (NFED 13353) Learning Hours: 1:00.

(8) Infection Control for the Medical Assistant: Part 1: Principles of Infection Control (Captioned) (Infection Control) (NFED 14077) Learning Hours: 0.50.

(9) Bloodborne Safety: Universal Precautions Standard Practices, and Needle stick Prevention (Bloodborne Diseases) (NFED 13818) Learning Hours: 1:50.

(10) Hazardous Material Handling and Storage (NFED 127851) Learning Hours 1:00 will be provided if the drivers will occasionally or routinely transport human specimens.

(11) Hazardous Material Handling and Storage Impact: Transporting Gas Cylinders (NFED 4500821) Learning Hours: 0:10.

c. Volunteer Drivers will be provided the above required training in either electronic or printed format material.

2. VTS VOLUNTEERS

Volunteer Drivers may participate in driving VTS vehicles/transporting VTS passengers---so long as they meet all of the criteria for paid staff drivers. There will be

no differentiation or exemptions for volunteers driving VTS vehicles. This pertains to Volunteer Drivers who specifically volunteer for VTS and does NOT include volunteer drivers for VTN/ DAV. VTN/DAV drivers are not authorized to drive for VTS unless each specific occurrence is authorized in advance by Veterans Transportation Program Office staff.

3. USE OF CELL PHONE AND TEXTING

Drivers are strictly prohibited from making calls or texting on cell phones while the vehicle is moving or stopped in an unsafe location. Reference VA policy:

www.va.gov/vapubs/viewPublication.asp?Pub_ID=681&FType=2 or
http://www.va.gov/vapubs/search_action.cfm?dType=2

4. CONDUCTING RANDOM DRUG TESTING

With respect to bargaining unit employees, refer first to the applicable collective bargaining agreement and then VA handbook 5383 – VA Drug Free Workplace Program. For a copy of the Agreement, contact your Safety Officer, Chief of Quality Management or Human Resources Office.

REPORTING

A system for accurately reporting key performance metrics is mandatory for all patient transport activities. Strong emphasis is placed on validation of all trip data entry within 24 hours of trip completion.

1. METRICS

a. Metrics indicate the performance and efficiency of your VTS operations and are measured by Fiscal Year, Fiscal Quarter, Monthly, and Weekly intervals.

b. All sites will utilize the VetRide Telematics system of scheduling and reporting of metrics or its successor supplied by VTP program office per the supplied instructions and training.

2. CUSTOMER SATISFACTION SURVEY

Veterans are encouraged to contact the Customer Satisfaction Survey Phone Line, at 1-855-682-4048, to rate and comment on their ridership experiences. The Customer Satisfaction Survey Phone Line will be provided by VTS and station staff to all passengers and will be prominently posted in each vehicle. This is one measure that allows the VTP Program Office to ensure quality of the program. OMB will not accept scanned copies or replication of the survey. ONLY Veterans calling the survey number will be accepted.